



PROVIDER POLICIES & PROCEDURES

HOME HEALTH SERVICES

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for home health services. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Home health services are professional support services provided to an individual within their home setting for the purpose of treating an illness, injury, or medical condition while promoting, maintaining, or restoring their health and lessening the effects of an illness, injury, or medical condition. The services are performed under the direction of a licensed physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA).

Benefit and Prior Authorization Requirements:

Please refer to the [HUSKY Health Benefits and Prior Authorizations Grid - Home Health Services](#) and the [HUSKY Health Benefits and Prior Authorizations Grid – Therapy Services](#) for a listing of covered services and prior authorization requirements.

CLINICAL GUIDELINE

Coverage guidelines for home health services are made in accordance with the CT Department of Social Services (DSS) definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail.

Intermittent Skilled Nursing Visits, Home Infusion Services, Home Therapy Services

HUSKY Health uses Change Healthcare's InterQual® Criteria when reviewing prior authorization requests for coverage of intermittent skilled nursing visits, home infusion services, and home therapy services. In instances where **the requested frequency or duration of services exceeds InterQual recommendations**, an individualized review will be performed by a CHNCT physician reviewer to determine if the frequency and duration of services requested is appropriate based on the individual's current condition including relevant psychosocial factors.

Home Health Aide

Initial requests for home health aide services may be considered medically necessary when:

- A. The services have been ordered by a physician, APRN, or PA;
- B. There is documentation that the individual is unable to perform ADLs without some assistance;

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- C. The services are solely for the provision of hands-on personal care as evidenced by the schedule and task break-down submitted by the home care agency; and
- D. The 15-minute task breakdown submitted by the home care agency documents reasonable amounts of time to perform ADLs given the documented severity of the individual's disability and functional limitations.

Reauthorization requests for home health aide services may be considered medically necessary when:

- A. The services have been ordered by a physician, APRN, or PA;
- B. The services have been ongoing and there are no changes to the member's condition or plan of care; and
- C. The 60-day nursing reassessment documents that the individual continues to need assistance to perform ADLs

Medication Administration

Initial requests for medication administration services may be considered medically necessary when:

- A. The services have been ordered by a physician, APRN, or PA;
- B. There is documentation that the individual has a medical or behavioral health condition or intellectual disability that prevents them from safely self-administering medications and/or impacts the individual's ability to remain compliant with their medication regimen; and
- C. The individual resides alone or in a group home without access to medication-certified staff or with limited caregiver support.

Reauthorization requests for medication administration services may be considered medically necessary when:

- A. The services have been ordered by a physician, APRN, or PA; and
- B. There is documentation of ongoing need, and the individual continues to reside alone or in a group home without access to medication-certified staff or with limited caregiver support.

Extended Care Nursing/Complex Nursing

Initial requests for extended care/complex nursing services may be considered medically necessary when:

1. The services have been ordered by a physician, APRN, or PA;
2. The services are provided by a registered nurse (RN) or licensed practical nurse (LPN); and
3. There is documentation that the individual's condition requires more individual and continuous care than can be provided in a single or twice-daily, intermittent skilled nursing visit and that requires greater skill than a home health aide can provide.

Reauthorization requests for extended care/complex nursing services may be considered medically necessary when:

- A. The services have been ordered by a physician, APRN, or PA;
- B. The services are provided by an RN or LPN; and
- C. There is documentation that supports the ongoing need for the level of services being requested.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures

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for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

The following information is needed to review initial requests for home health services:

Initial Requests:

1. Fully completed authorization request via on-line web portal;
2. All relevant supporting clinical documentation;
3. A comprehensive start of care nursing assessment; and
4. A completed and signed CMS Form 485 Home Health Certification and Plan of Care or a signed verbal order from the physician, APRN, or PA overseeing the plan of care.

Reauthorization Requests

1. Fully completed authorization request via on-line web portal;
2. All relevant supporting clinical documentation;
3. A current 60-day certification nursing assessment and written plan of care;
4. An updated and signed CMS Form 485 Home Health Certification and Plan of Care or a signed verbal order from the physician, APRN, or PA overseeing the plan of care;
5. (For skilled intermittent and complex nursing only) Two weeks of nursing narrative notes; and
6. (For home health aide only) 15-minute task breakdowns.

EFFECTIVE DATE

This Policy is effective for prior authorization requests for rehabilitation services for individuals covered under the HUSKY Health Program on or after November 01, 2024.

CODES

The following revenue center, HCPCS, and CPT codes should be used when requesting authorization for the home health services discussed in this policy. Please refer to the [DSS Home Health Services Fee Schedule](#) for further details.

Code(s)	Description
421	Physical Therapy, per visit
424	Physical Therapy Evaluation
431	Occupational Therapy, per visit
434	Occupational Therapy Evaluation
441	Speech Therapy, per visit
444	Speech therapy, evaluation
580 – S9123	Nursing care, in the home; by registered nurse, per hour
580 – S9124	Nursing care in home; by licensed practical nurse, per hour
580 – T1001	Nursing assessment/evaluation
580 – T1002	RN services, up to 15 minutes

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580 – T1003	LPN/LVN services, up to 15 minutes
580 – T1004	Services of a qualified nursing aide, up to 15 minutes
580 – T1502	Administration of oral, intramuscular and/or subcutaneous medication by a health care agency/professional, per visit
580 – T1503	Administration of medication other than oral and/or injectable, by a health care agency/professional, per visit
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
99602	Home infusion/specialty drug administration, per visit, each additional hour

DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children’s Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut’s implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Occupational therapy:** Services prescribed by a physician for the evaluation, planning, and implementation of a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in his daily pursuits. The practice of “occupational therapy” includes, but is not limited to, evaluation and treatment of individuals whose abilities to cope with the tasks of living are threatened or impaired by physical illness or injury, emotional disorder, congenital or development disability, using (1) such treatment techniques as task-oriented activities to prevent or correct physical or emotional deficits or to

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minimize the disabling effect of these deficits in the life of the individual, (2) such evaluation techniques as assessment of sensory motor abilities, assessment of the development of self-care activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance, and appraisal of living areas for the handicapped, (3) specific occupational therapy techniques such as activities of daily living skills, the fabrication and application of splinting devices, sensory motor activities, the use of specifically designed manual and creative activities, guidance in the selection and use of adaptive equipment, specific exercises to enhance functional performance, and treatment techniques for physical capabilities for work activities. Services are performed by an occupational therapist to evaluate the individual's level of functioning and develop a plan of treatment. The implementation of the plan may be carried out by an occupational therapy assistant functioning under the general supervision of the occupational therapist.

9. **Physical therapy:** (1) diagnostic services to determine an individual's level of functioning, employing such performance tests as measurements of strength, balance, endurance, and range of motion; (2) treatment services which utilize therapeutic exercises and modalities of heat, cold, water, and electricity, for the purpose of preventing, restoring, or alleviating a lost or impaired physical function. Services are performed by a licensed physical therapist who develops a written individual program of treatment. The term "physical therapy" does not include the use of cauterization or the use of Roentgen rays or radium for diagnostic or therapeutic purposes.
10. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.
11. **Speech therapy or Speech Pathology Services:** The application of principles, methods and procedures for the measurement, testing, diagnosis, prediction, counseling or instruction relating to the development and disorders of speech, voice or language for the purpose of diagnosing, preventing, treating, ameliorating or modifying such disorders and conditions. Services are provided by a speech pathologist.

ADDITIONAL RESOURCES AND REFERENCES:

- Connecticut Medical Assistance Program Requirements for Payment of Home Health Services Regulation/Policy Chapter 7, dated October 1, 2020.

PUBLICATION HISTORY

Status	Date	Action Taken
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